STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155730	A. BUILDING _____ B. WING _____	C 05/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY CROSSING	**1200 WHITLATCH WAY MILAN, IN 47031**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint numbers IN00088387 and IN00089725. Complaint number IN00088387 substantiated, no deficiencies related to the allegations are cited. Complaint number IN00089725 unsubstantiated, due to lack of evidence Survey Dates: May 5 and 6, 2011 Facility number: 000420 Provider number: 155730 AIM number: 100266230 Survey team: Penny Marlatt, RN, TC Diana Sidell, RN Janie Faulkner, RN (May 6, 2011) Census bed type: SNF/NF: 95 Residential: 6 Total: 101 Census payor type: Medicare: 13 Medicaid: 62 Other: 26 Total: 101 Sample: 4 Ripley Crossing was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint numbers IN00088387 and IN00089725.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	Continued From page 1 Quality review completed 5-9-11 Cathy Emswiller RN	F 000		